

We will try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

### Complementary or Alternative Medicine

*To the Editor:* The September-October issue of the *JABFP* contained an article surveying physician's attitudes toward complementary or alternative medicine (Berman BM, Singh K, Lao L, Singh BB, Ferentz KS, Hartnoll SM. Physicians' attitudes toward complementary or alternative medicine: a regional survey. *J Am Board Fam Pract* 1995;8:361-6). Though limited in geographical extent, the article concluded that the physicians surveyed had a "high interest in alternative and complementary medicine." The *JABFP* and the authors of the article have provided an invaluable service to the medical community by directing attention to the widespread interest in "unconventional" medicine. An article such as this and its conclusions demand consideration of several compelling caveats.

The terms *complementary* and *alternative* are themselves obscurations promoted by their proponents to suggest that claims of no proven validity do indeed have value. The Office of Alternative Medicine is quoted as acknowledging that "procedures considered unconventional today may gain acceptance and become conventional in the future." The key word is "may." These procedures also might not gain acceptance. Because it is not possible to prejudge which procedure might or might not become acceptable, the responsible physician is constrained to withhold use until acceptable scientific proof becomes available and not expose his patients to unproved claims any more than he would to proposed but untested pharmacological or surgical procedures.

The authors do not provide the reader and presumably did not provide the participants with any information about the Office of Alternative Medicine (OAM) itself at the National Institutes of Health (NIH). Did the participants in the survey have any such knowledge? There is no indication in the data that they did. The very existence of the OAM has provided an unmatched publicity boon for the promoters of the unaccepted. The OAM was not originated at the NIH because of medical or scientific necessity; it was a political creation promoted by former Representative Berkley Bedell, who convinced Senator Tom Harkin (both from Iowa) to sponsor enabling legislation. Both these mem-

bers of Congress have been enthusiastic supporters of unproved remedies. Did the participants know that the first director of the OAM, Joseph Jacobs, MD, resigned in protest because of the pressures of "political people" who scoffed at using conventional research methods to test unconventional therapies? Should not the reader and the participants have been informed that in the years of its existence the OAM has yet to find one unconventional therapy acceptable?

The survey results suggest great interest in many forms of alternative medicine. Under the item "interested in training," chiropractic achieved an impressive 68.4 percent positive response. Surveys in any area have been shown to have their conclusions vary with the wording of the questions. Nowhere in the article is the reader provided with examples of the actual questions used. Was any bias introduced? Of suspicion is that the questionnaire is attributed to a Dr. David T. Reilly of the Glasgow Homeopathic Hospital. Are we to accept the contention that anyone associated with a homeopathic institution will produce carefully neutral questions about alternative medicine?

Unquestionably, any procedure proposed to treat human disease should be subject to the same standards of safety and effectiveness that apply to usual medical procedures. It is, however, unacceptable to require any scientific body to examine every proposed claim. There will never be enough facilities to consider the avalanche of proposals. Very simply, the burden of proof rests with the proponents. Ordinary claims require ordinary proof, and extraordinary claims require extraordinary proof. Such proofs must be controlled, replicable, and falsifiable. Testimonials and anecdotal accounts, no matter how enthusiastic, do not constitute proof. Public enthusiasm and interest do not create validity. As a comparable consideration the ancient conceit of astrology has widespread public enthusiasm and no validity whatever. Chiropractic represents an outstanding example. In the 100 years of its existence, the profession has advanced by persuading legislatures to grant licenses. Never has chiropractic, in all that time, produced evidence of its theories of "life force" or "innate intelligence" and subluxation sufficient to convince the scientific community.

Considering the extent of public interest in the unconventional and the insatiable desire for the magical promises of unproved treatment, the essential conclusions from these data are unavoidable. Our profession, the family physician most particularly, is constrained to educate and counsel patients to avoid their becoming enmeshed in aggressively promoted but valueless "therapies."

Edward H. Davis, MD  
Wellington, Fla